PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

anneanriata All further cou	rrespondence_including below or directed other	the Patent advance or	ders and notification of m) specifying a new corres	naintenance fees w pondence address;	and/or (b) indicating a	h 5 should be completed where urrent correspondence address as a separate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s). Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
CANTOR COLBURN LLP-IBM POUGHKEEPSIE 55 GRIFFIN ROAD SOUTH BLOOMFIELD, CT 06002				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail_Stop_ISSUE_FEE_address_above, or_being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
0.2007						(Depositor's name)	
	(APR 2 6 2007				(Signature)	
APPLICATION NO.	FILING DATE	TRADE	FIRST NAMED INVENTOR		ATTORNEY DOCKET	NO. CONFIRMATION NO.	
10/723,044	11/25/2003		Richard K. Errickson		POU920030189US	1 7804	
TITLE OF INVENTION: MEMORY MAPPED INPUT/OUTPUT OPERATIONS							
					•		
·							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU			
nonprovisional	NO	\$1400	\$300	\$0,4/2	7/2007 DEMHAI\$12000	BBBBB12 B98484/30/200723844	
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 F 02 F		.00 DA .00 DA	
NGUYEN, THAN VINH 2187-			71:1-202000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
International Business Machines Corporation Armonk, New York							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: XX Issue Fee XX Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0463 (enclose an extra copy of this form).				
5. Change in Entity Statu	☐ b. Applicant is no lon						
NOTE: The Issue Fee and interest as shown by the fe	Publication Fee (if requestions of the United Sta	uired) will not be accepte ites Patent and Trademar	ed from anyone other than to Office.	the applicant; a reg	sistered attorney or agen	nt; or the assignee or other party in	
Authorized Signature				Date	February 22,		
Typed or printed name Philmore H. Colburn I				Registration	No3	5,101	
						file (and by the USPTO to process) neluding gathering, preparing, and nt of time you require to complete S. Department of Commerce, P.O. sioner for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.